PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 6606

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY												
TOTAL CLAIMS			21			ed (les pera		RATE	FEE		RATE	FEE											
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00											
TOTAL CHARGEABLE CLAIMS			2 minus 20=		• (X\$ 9=		OR	X\$18=	18											
INDEPENDENT CLAIMS			3 minus 3 =		. 0			X40=	, i	OR	X80=												
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=												
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	128												
7/23/04 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMALLE	NTITY	OR	OTHER SMALL												
AMENDMENT A	A SERVICE	CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	. 22	Minus	2	J_{-}	- /		X\$ 9=		OR	X\$18=	1800											
	Independent	· 3	Minus					X40=		OR	X80=												
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	•	OR	+270=												
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE												
(Column 1) (Column 2) (Column 3)																							
AMENOMENT B		ÇLAIMS REMAINING AFTER AMENOMENT	<i>;;</i> ;	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=												
	Independent	•	Minus	***		= -	┇	X40=		OR	X80=												
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						j	+135=		OR	+270=												
								TOTAL		OR	TOTAL ADDIT. FEE												
(Column 1) (Column 2) (Column 3)								ADDIT. FEE	<u></u>	•	AUUII. FEE												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	•	Minus	**		8]	X\$ 9=		OR	X\$18=												
ME	Independent		Minus	•••		=		X40=		OR	X80=												
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=															
١.,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=												
" If the "Highest Number Previously Peid For" IN THIS SPACE is less than 20, enter "20." ADDIT FFF												L											
	The "Highest Nun	iber Previously Pa	id For (Total o	Independ	dent) is the	highest numb	er fo	und in the ap	propriate bo	x in co	""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												